

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE			
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2							52				
3							53				
4							54				
5							55				
6	1						56				
7							57				
8							58				
9							59				
0	1						60				
1							61				
2	1						62				
3							63				
4							64				
5							65				
6							66				
7							67				
8							68				
9							69				
0							70				
1							71				
2							72				
3							73				
4							74				
5							75				
6							76				
7							77				
8							78				
9							79				
0							80				
1							81				
2							82				
3							83				
4							84				
5							85				
6							86				
7							87				
8							88				
9							89				
0							90				
1							91				
2							92				
3							93				
4							94				
5							95				
6							96				
7							97				
8							98				
9							99				
0							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	10						TOTAL DEP.				
TOTAL CLAIMS	14						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS